REQUEST FOR SERVICES
COOPERATIVE BREAST CANCER TISSUE RESOURCE (CBCTR)

The purpose of the Resource is to improve access to archival breast cancer tissue and to associated clinical outcome data for the evaluation of predictive and diagnostic markers. The Resource provides paraffin-embedded tissue from primary breast cancers for research studies, particularly those that translate basic research findings to clinical application. The Resource Coordinating Committee will approve requests in accordance with the Resource priorities and the recommendations of the Research Evaluation Panel, an independent panel of experts that reviews Resource applications for scientific merit and priority. Application receipt dates are as follows: **January 15**
May 15
September 15.

Directions

The information requested in these forms is required to ensure that your request for tissue and related patient data is fully documented and can be evaluated by the REP. **APPLICATIONS THAT DO NOT PROVIDE ALL OF THE REQUESTED INFORMATION WILL BE RETURNED BEFORE REVIEW.**

A. Please provide the information requested in sections l-III.

B. Please append a brief (no more than 10 pages) description of the study design. The following sections are required:
   1. Hypothesis - Clearly state the question to be addressed.
   2. Experimental Approach - Types of assays to be performed (be specific), markers to be measured, tissue requirements, data requirements (clinical, pathological and outcome data), and a justification of the choice of markers, methods and tissue needs. Include sufficient information to permit review by the REP.
   3. Statistical Analysis - Describe the statistical basis for the study design, including power calculations to justify the number of specimens requested. Describe the data analysis techniques that will be applied.
   4. Significance - Why the study is important.
   5. Resources and Environment

C. Please complete the most appropriate of the following agreements:

   State Supported Institutions - Form 1
   U.S. Government Agencies - Form 2
   All Other Applicants - Form 3

D. Please append a current C.V. for the Principal Investigator.

E. Document human subjects approval by an Institutional Review Board (IRB or human subjects committee) constituted according to the requirements of the NIH Office of Protection From Research Risks.

F. Please type or neatly print.

G. Send completed forms to: Sherrill Long
Information Management Services, Inc.
12501 Prosperity Drive, Suite 200
Silver Spring, MD 20904

Processing Fees

$10.00 per case plus a per slide charge:

3 μ slides	$5.00
5 μ slides	$2.00
10-25 μ slides	$5.00
>25 μ slides	$10.00
staining	$2.50/slide

For approved applications, specimens will not be shipped until processing fees and shipping charges are paid.

I. Investigator Data

A. Principal Investigator: _____

Title: _____

Institution: _____

Department: _____

Address: _____

_____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ FAX Number: _____

B. Shipping Address (if different from above)

Address: _____

_____

City: _____ State: _____ Zip Code: _____

Name of Shipping Contact: _____

Phone Number: _____ FAX Number: _____

II. Specimen Criteria:

1. Types of tumors requested: ☐ Ductal ☐ Lobular ☐ Other (please specify) _____

   _____

   Other considerations (tumor size, age, length of follow-up, etc.): _____

   _____

2. Is normal tissue from same case required? ☐ yes ☐ no

3. How many cases are needed for the study? _____
   (Justification should be included in the **Statistical Design)**

   Number of sections: Thickness of section:
   Should sections be mounted on slides? ☐ yes ☐ no

4. Requested date for receipt of tissue:

5. Other special requirements:

III. Funding Information -- Funding source:

Period of support: FROM _____ TO _____

Active or pending? ☐ active ☐ pending

Please append a current C.V. for the Principal Investigator.
Please append the Research Plan (no more than 10 pages, see instructions for content).